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DATE: June 5, 2006

CLIENT-MATTER No.: 22178-05012

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To:

NAME	FAX No.	PHONE No.
USPTO	571-273-8300	

FROM: Laura A. Majerus

PHONE: (650) 335-7152

SENT BY: Dana Chevalier

PHONE: (650) 943-5363

NUMBER OF PAGES WITH COVER PAGE: 3

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A1000/00103/DOCS/1565522.1

JUN 05 2006

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TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)	Application Number	09/872,435	
	Filing Date	June 1, 2001	
	First Named Inventor	Stephen Bade	
	Group Art Unit Number	2128	
	Examiner Name	Cuong V. Luu	
Total Number of Pages in This Submission	2	Attorney Docket Number	22178-05012

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REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT		
Signature:	<i>Laura Majerus</i>	
Attorney/Reg. No.:	Laura A. Majerus, Reg. No. 83,417	Dated: June 5, 2006

CERTIFICATE OF FACSIMILE TRANSMISSION		
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.		
Signature:	<i>Laura Majerus</i>	
Typed or Printed Name:	Laura A. Majerus	Dated: June 5, 2006
Facsimile Number:	571-273-8300	

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/872,435
	Filing Date	June 1, 2001
	First Named Inventor	Stephen Bade
	Group Art Unit	2128
	Examiner Name	Cuong V. Luu
	Attorney Docket Number	22178-05012

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Julie Stephenson Synopsys, Inc.				
Address	700 E. Middlefield Road				
Address					
City	Mountain View	State	CA	Zip	94043
Country	USA				
Telephone	650.982.5000	Fax	650.584.1184		

- ☒ This request is made on behalf of myself and
☐ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 00758
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name Laura A. Majerus

Signature

Laura Majerus

Date

June 05, 2006

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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